

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/03/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155297	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED R 02/02/2016
NAME OF PROVIDER OR SUPPLIER MILLER'S HEALTH & REHAB BY MILLER'S MERRY MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 1007 LINCOLNWAY LA PORTE, IN 46350		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
{K 000}	INITIAL COMMENTS Paper compliance to the Life Safety Code Recertification and State Licensure Survey conducted on 12/28/15 was completed on 01/27/16. Review Date: 02/02/16 Facility Number: 000194 Provider Number: 155297 AIM Number: 100267790 Miller's Health & Rehab by Miller's Merry Manor was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and National Fire Protection Association, (NFPA) 101A, Chapter 4, Fire Safety Evaluation System for Health Care Occupancies and 410 IAC 16.2. Achieving a passing score on the FSES survey for Health Care Occupancies found in Chapter 4 of NFPA 101A, Guide on Alternative Approaches to Life Safety, 2001 Edition, shows the facility provides a level of Life Safety at least equivalent to that prescribed by NFPA 101, Life Safety Code (LSC). The facility was surveyed with Chapter 19, Existing Health Care Occupancies.	{K 000}			
{K 012} SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Building construction type and height meets one of the following. 19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1 This STANDARD is not met as evidenced by: Based on record review and interview, the facility	{K 012}	Correction obviated. Passed FSES.	1/27/16	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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{K 012}	Continued From page 1 failed to ensure the building construction type was a permitted type as listed in Table 19.1.6.2. Table 19.1.6.2 requires a building, four or more stories in height to be Type II (222), Type I (332) or Type I (443). This deficient practice could affect all residents, staff and visitors. Findings include: Based on record review and interview with the Administrator on 12/28/15 between 10:28 a.m. and 12:57 p.m., the facility was determined to be of Type II (111) construction and seven stories tall with a basement. The concrete floor slab in the North tower is only 2 1/2 inches thick. This results in a construction type classification of II (111). The attached South tower is Type I (332) construction and is separated from the North tower on all stories by a 2 hour fire barrier wall. Based on interview at the time of record review, the Administrator acknowledged the aforementioned condition.	{K 012}			
{K 038} SS=F	3.1-19(b) NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1 This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure 3 of 3 vertical exit egress towers provided a means of	{K 038}	Correction obviated. Passed FSES.	1/27/16	

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{K 038}	<p>Continued From page 2</p> <p>egress which discharges to the exterior or the public way in accordance with requirements of NFPA 101, 2000 edition, 7.7. 7.7.1 requires exits to discharge directly to a public way or exterior exit discharge. 7.7.2 allows no more than 50 percent of the exits or egress capacity to discharge into areas on the level of exit discharge. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on record review with the Administrator on 12/28/15 between 10:28 a.m. and 12:57 p.m., the exit stairs #3 and #4 in the North tower and exit stair #5 in the South tower were known to not discharge to the exterior through an approved exit passageway at the first floor level. Based on observation during the tour between 12:57 p.m. and 3:49 p.m., the Administrator acknowledged the aforementioned condition.</p> <p>3.1-19(b)</p>			{K 038}			